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Bib Data Sheet

CONFIRMATION NO. 4845

SERIAL NUMBER 10/797,688	FILING OR 371(c) DATE 03/09/2004 RULE	CLASS 382	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. 04107/LH
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2003-091535 03/28/2003  
 JAPAN 2003-092407 03/28/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 18	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

1933

## TITLE

Medical image photographic system

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17. Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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